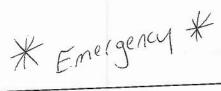
			(Pu		to NJAC 8	1000		100		RECONSTRUCTION OF LICENSE				960	
Date of Notification (1)			T	Name of	Building C	)wner/C	perator	(2)	-	h. (	51	1			$\neg$
Decem	ber 02, 2013		N	/lacy's l	nc.				<	13000	-1	VE	'n		
Agencies Notified	Type Notification			Street Ac	**********			1		26,2		-	4		
☑	□ 1.585.1		7	th Wes	t Seven	th Stre	eet		200	40%	AM				
EPA DEP	Initial Amended		-		te, Zip Coo		-		C	1100		4: 1	13		$\neg$
DOL	Amendment	<u> </u>	100		ati, OH 4					410,5,00	·AL -	-	4		
	Emergency (i	ncluding			Contact	0202				Telephone	161	Ein.			-
DOH DCA	justification) Cancellation			ALCO PORTA DO	Manage					760-705-8	43				
Ц			- 1		LITY INFO		ON			1700-700-0	0000				
Name of Facility Where	Abatement is Taking	Place (3	)					Туре	of Facility (	4)					
Macy's					4			П	School (K-1	2)					
Street Address									Subchapter	8 (Other than					
2120 Voorhees Tow	n Center				- 1				Other (i.e. petc.)	rivate & comm	ercial	build	ings,	home	s.
City (5)								Squa	are Feet	# of Floors	į	В	dg. A	ae	
Voorhees Township,	N I 08043													•	
County (6)	140 00040			County (	Code (7)			Curr	ent Use (Prid	or if being dem	olishe	ed)			
Camden					'SE ONLY)					Cooling T					1
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCM	No.		Name	of Ab	atement Con		OWC	-	-	11.00	_
Pennoni Associates									Group, L						
Street Address	1110.		-				Street								
515 Grove Street							1500	Kings	s HWY N,	STF 209					
City, State, Zip Code					- 1		-		Zip Code	O1L 200			112-123-13		
Haddon Heights, NJ	08035				9				, NJ 0803	1					
Project Manager for Mor	Telephor	ne No		Teleph			Licen	se No							
TOO CONTRACTOR AND TO A STATE OF THE STATE O			- 1		'-0505 x	2975	100-000-000			0078					
R. Alan Lloyd, CIH, ( Start Date (10)	JOF	Schedule		-	Date (11)	2013	-		SHA Monitor	0076				-	
12/16/1	2	Concadi		1/31/14	27 1970				Group, L	1.0					
Occupancy Status Durin		k Only Or		1/5 1/ 1-	* 1		Street			LO.					
									s HWY N,	STE 200					
	ated During Entire F led Outside of Norm								Zip Code	31L 203					
Other - Describe:							The state of		, NJ 0803	1					
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			Locati		18									ement pe	•
Locatio		100	Normal d Sole				escription		-1 (4014)						
Asbestos-Containing TO BE AB		Ma	intena	nce/			itaining i il system		al (ACM) lation.	Amount (Specify		æ		Enc	m
In Faci	lity	Cus	todial ( (12)	Staff?		surfa	acing, VA	AT, or		SF or LF)	)	em	₹ep	aps	iclo
(13)		-	(12)	,		other	miscella	neous	i)			Remova	Repair	Encapsulate	Enclosure
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Cooling	Tower	1	X			tran	nsite si	dina		1200 s/	f	V			
Cooling	101101					uu	ione on	unig		1200 31	•				
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			H	lauler ID		of Wa								-	
Freehold / Newark C	arting / Rovic			45	09		12			land Co./ B	FI/C	SRO	WS	/ TR	RF
City, State							osal Date		City, Star						
Freehold / Newark / Riverdale, NJ							1/31/14		Newbur	g / Imperial			ılle,	PA_	
Completed by		Title Presid					Signatur	9//	1	,	Dat	337			
Mike Cooper			,,	1	7	T20	12/2	2/13	X						

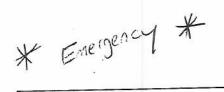


ite of Notification (1)			Name Jim	of Buildi leonetti	ng Owner/O Private H	perator ( lome				F.		1	
/29/13 encies Notified	Type Notification		Stree 281	Address Long	Beach Bh	vd			<u> </u>	<del></del>	15.3	,	-
EPA DEP DOL	Initial Amended Amendment #		City.	State, Zip				- 0	20	13	- cong	1	-
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	At stampet is Taking Pla	ce (3)		HOILITI			Type of Fac	cility (4)					
im leonetti Private	Abatement is Taking Pla Home						Subch	ol (K-12) napter 8 (C	ther than K-12) e & commercial	huildina	s, hon	nes,	
treet Address 2810 Long Beach	3lvd		(i)	15 - 22		*	Other etc.)  Square Fe		of Floors	Bldg.			_
city (5)							1000+	2	2	35+	200		_
Ship Bottom NJ 08 County (6)	-		Cou	inty Code	e (7) ONLY)		Current Us Home	se (Prior if	being demolishe	a) 			
Ocean	m Hired by Building Own	ner (8)	1	SCM No		Name	e of Abateme	ent Contrac	ctor (9)	= .	•	(6)	
N/A					-	Stree	et Address	Enter Control					
Street Address						City.	Box 329 State, Zip C	ode					
City, State, Zip Code						We	est Berlin N	J 08091	License No	).			_
Project Manager for M	onitoring Firm		Te	lephone	No.	+	- A-TOP	9	00727		_		-
Start Date (10)		cheduled 2/6/13	Comp	letion Da	te (11)		ne of OSHA Ime	Monitor					_
12/2/13	iring Abatement (Check (		)			Stre	eet Address						
	acated During Entire Peormed Outside of Norma	riod of Ab	ateme	nt		City	y, State, Zip (	Code	1				
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	ck All That Apply)		enovat emoliti		n	H	Mini-	Enclosure	nt with Negative edure (*) and Non-Fria			)	
		1	Lagatic	on T			NOT				Abate Ty	ment	
Asbestos-Conta	eation of ining Material (ACM) <u>ABATED</u> Facility  (13)	Used Mai	Location Loc	ly by	(i.e. th	Containi ermal sys	ption of ing Material ( stems insulat g, VAT, or cellaneous)	ACM) ion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
THE TONIC PU	Sis.	Yes	No	N/A	- 19	Extorio	or Siding	- 2	600 SF	x	+		t
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		-	-	-	-						1	-	+
	FE III	-						l Name of	Registered Lan	dfill	_	_	1
Name of Registere	ed Waste Hauler			NJDEP V Hauler ID		Cubic You		G.R.O					
United Contain				22459		1 Disposa	al Date	City, Sta	ate	7	4		_
City, State	100				10	12/6/1	3	Morris	ville PA 1906	Date	600.00 (1900)		
Completed by		Title	sider			319	gnature	~		11/29	9/13		



	N. A.					151			3,-		-		1000	_	٦
ate of Notification (1) 1/29/13		Ala	an Honi	ding Owne g Private	r/Operat Home	or (2)			1		7	2	5	]	_
gencies Notified Type Notification	U		eet Addre B Roslyn				. 71	1			5			1	
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DCA Cancellation		_	FACILITY	INFORM	ATION					1.5			0.740 - 1.90	-	$\dashv$
Name of Facility Where Abatement is Tak Alan Honig Private Home Street Address	ing Place (3)						Scho Subo Othe	acility (4) ool (K-12) chapter 8 or (i.e. priv	Other	r than K-1 commerc	2) ial bu	ilding	s, ho	nes,	
48 Roslyn Drive City (5)							etc.) quare F 000+	eet	# of	Floors		Bldg. 35+			
Manahawkin NJ 08050		С	ounty Cod	le (7)		C	urrent L	lse (Prior	if bein	g demolis	shed)				
Ocean	or Ournor (8)	(\$	ASCM N		T Na		ome Abatem	ent Contr	actor	(9)					-
Name of Monitoring Firm Hired by Buildir N/A	ig Owner (6)		Acomit		P	ernac	o Inc.						•		_
Street Address					P	O Bo	x 329								
City, State, Zip Code					V	Vest E		77 0808 77 0808	91						
Project Manager for Monitoring Firm		77	Telephone	No.	Ţ	elaphor	no Filo.			License 00727					
Start Date (10)	L Oakadulad O							Monitor							
12/2/13	12/6/13					Same Street A	ddrone					-	_		
Occupancy Status During Abatement (C  Facility Closed/Vacated During En Abatement Performed Outside of N Other – Describe:	ire Period of Ab	atem	nent		-	City, Sta	ite, Zip	Code							_
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova			9	×	Mini-	Enclosure	e cedure	th Negative e nd Non-Fi		Proc	edure		
	le l	Locat	ion									P	Abate Ty		
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	N Used Main Custo	orma d Sole ntena odial (12)	ally ely by ance/ Staff?	(i.e. t	s Conta	ystems	aterial ( insulat T, or	ACM) ion,		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Eliciosnia
	Yes	No	N/A X		Exter	ior Sid	ding		1	1200 SF	:	x			
Exterior Sidng			<u> </u>												
												_	_		+
											m.4511		_	L_	L
Name of Registered Waste Hauler			NJDEP V Hauler ID		Cubic of Was			G.R.C		istered La	monil				
United Containers			22459		3 Dispos	sal Date	)	City, St	ate						_
City, State					12/6/	13		Morris	sville	PA 190		ite			_
Completed by Anthony T Perna	Title Pres	ider	nt		8	Signatur						1/29/	13		_





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Date of Notification (1) 11/29/13		Nar Do	me of Bu	uilding Own astasi Priv	er/Ope	erator (i	2)	CTL						
Agencies Notified Type Notification		7.5	eet Addr 01 So	ress uth Bay A	ve				1.7	En	7			
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	cluding		me of C	ontact			UE	Û J	732-	iona Numb 383-7675				
			FACILI	TY INFORM	IATIO	N		- 101 745		- 12	<del>:</del>			$\dashv$
Name of Facility Where Abatement is Taking F Dom Anastasi Private Home	Place (3)						Sch	acility (4) lool (K-12) schapter 8	) (Other	than K-12)				
Street Address 1601 South Bay Ave					,		Oth etc.	er (i.e. pri )	vate &	commercial				
City (5) Beach Haven NJ NJ 08008							Square F 1000+		# of F		35-	g. Age F		
County (6) Ocean		Co (S	ounty Co	ode (7) SE ONLY)		_	Current Home	Use (Prior	r if being	demolishe	d)			
Name of Monitoring Firm Hired by Building On	wner (8)	$\dashv$	ASCM	No.			of Abater aco Inc	nent Cont	ractor (	9)		•		
N/A Street Address							Address Box 329	-						
City, State, Zip Code		-				City, S	State, Zip	Code NJ 0809	91					
Project Manager for Monitoring Firm		T	elephon	e No.			hone No.	140 000		License No				
***	~		eletion C	)eto (11)	8	Name	of OSHA	Monitor		00727				
12/5/13	Scheduled 12/11/13	3	DIELION L	Jale (11)		Sam	ne							
Occupancy Status During Abatement (Check	Only One	)				Stree	t Address			28				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab al Facility H	ateme Hours	ent		_	City,	State, Zip	Code	32					
Scope of Work (Check All That Apply)				2.7										
23 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti		2			Mini-	Enclosure	e cedure	Negative P			e.	
	Т			Γ			NOI!	-Exemple	u ( ) an	1401111100	1	Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ocation ormali Solel otenar odial Solel (12)	y ly by nce/	(i.e. t	os Cor herma surfa	al system acing, V	on of Material ms insulat /AT, or aneous)	(ACM) tion,	(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
,	Yes	No	N/A								-	_	0	-
Exterior Sidng			X		Ext	erior S	Siding	-	. 20	000 SF	x	_	-	╁
			-	-					-		+			+
	-		-	-										
Name of Registered Waste Hauler		H	NJDEP V	CONTROL ST.	of W	ic Yards /aste	3	Name of		ered Landfi	ı			
United Containers  City, State		2	2459			osal Da	ate	City, Sta	ate	A 19067				
Elm NJ	Title				12/	11/13 Signal	ure	IVIOTTIS	VIII C		ate			
Completed by Anthony T Perna	Presi	ident				Cignal (	X				1/29/	13		

3063 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) EARTHTECH Care of Notification (1) 21/13 Street Address 55 Type Notification Agencies Notified City. State. Zip Code Initial J- REEN Amended A 200 P Amendment # Emergency (including Name of Contact justification) 13 RULE Cancellation FACILITY INFORMATION Type of Facility (4) - DOH = 000 Subchapter 8 (Other than K-12) Name of Facility Where Abatement is Taking Place (3) Other (i.e., private & commercial buildings Biog Age homes, etc.) ESMENCE # of Floors Square Feet Effect Address Current Use (Prior if being demolished Y ACA DEIN County Code (7) (STATE Name of Abatement Contractor (9) USE ONLY) Jouniy (6) ASCM NO 3,3000 Of Monitoring Firm Hired by Building Owner Sueel Address 69 3 Cry. State, Zip Code 1100 Street Address MOPL icense No 004 Telephone No State Zip Code Telephone No Name of OSHA Monnor Froject Manager for Monitoring Firm Scheduled Completion Date (11) TASEPH Street Address 16 Cian Date : 10 69 Duning Abatement (Check only one) City, State, Zip Code ∑ Faculty Closed Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours MAP Full Containment with Negative Pressure Min-Enclosure Other - Describe Non-Exempled (') and Non-Friable Procedure Scope of Work (Check all that apply) Advarence Renovation . 47. Demaison 2150 st or 2000 ii Is Location Amoun. Description of Asbestos Containing Material (ACM) Report Normally (Specity (i.e., thermal systems insulation, Used Solely by SF OF LF) Maintenance/ surfacing, VAT, or other miscellaneous) Asbestos-Containing Material (ACM) Location of Custodial Staff? TO BE ABATED (12) \* IN Facility 15004 NIA .131 NO YES Name of Registered Landfill Cubic Yards NUDEP Waste of Waste Hauter 10 No City. State PLEASAUTVIL · Jame of Registered Waste Hauler Disposal Date

· Do not use this form for aspestos licensure exempted activities

HADE

OSEPI

Signature

Date

\* Emergent \*

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Date of Notification (1)			Ch	ris Cor	ilding Owne rnis Priva	er/Operato te Homo	or (2) e	- 6	SOC 3	5/4	_		1
Agencies Notified	Type Notification	10		eet Addre	ess Marine S	St		Soft	ુ ``છ		67	)	
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	Emergency (inc	luding		me of Co				e lei	aphone Nergo		~		
DOH DCA	justification) Cancellation		С	hris				fin		1			$\dashv$
	11 1 Taking D	lace (3)		FACILIT	Y INFORM	ATION	Type of F	acility (4)					
Chris Cornis Priva	e Abatement is Taking P tte Home	1ace (5)						ool (K-12) chapter 8 (Oth	er than K-12)				
Street Address 140 East Marine S	St .						Oth etc.		& commercial		. Age		$\dashv$
City (5) Long Beach Towr	nshin NJ 08008						1000+	1.	5	35+	•		$\perp$
County (6) Ocean	1311Ip 140 00000			ounty Co	de (7) E ONLY)		Gurrent Home	Use (Prior if be	ing demolishe	ed)			
Name of Monitoring Fi	irm Hired by Building Ov	vner (8)	$\vdash$	ÀSCM N	No.		me of Abaten ernaco Inc.	nent Contracto	r (9)				
N/A Street Address							eet Address O Box 329						
City, State, Zip Code						Cir	ty, State, Zip /est Berlin	Code NJ 08091					
Project Manager for M	Nonitoring Firm		1	elephon	e No.		aphone No.		License N 00727	0.			
Start Date (10)		Scheduled	Com	pletion D	)ate (11)		ame of OSHA	Monitor					
12/2/13	1	12/6/13					treet Address			dior discour			-
Facility Classed	uring Abatement (Check Vacated During Entire P formed Outside of Norm e:	eriod of Ab	atem	ent		_ C	ity, State, Zip	Code				_	
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≥3 sf or ≥3 lf ≥160 sf or ≥260			enova emolif				Mini	Containment v -Enclosure vebag Procedu -Exempted (*)	ire			e	
		·			Γ		Non	I-Exempled ( )	and Non-The	1	Abate	ement	
			Locat	12.00		Dono	ription of			-	Ту	ре	-
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						1611	/a-da	Name of Po	gistered Land	fill			1_
Name of Registered United Contained				NJDEP 1 Hauler II 22459		of Was		G.R.O.W			, in		
City, State						Dispos 12/6/1	al Date 3	City, State Morrisvill	e PA 1906	7			
Completed by		Title Pres	sider			S	ignature	′		Date 11/29	/13		
Anthony T Pern	id	1 100											

Pate of Notification (1	)		Name	of Build	ing Owner se Privat	Operator ( e Home	2)	DEC-3	AM 2: 13				
Agencies Notified	Type Notification		282		5th Stree	et	e /	700	AM 2: 13		4		-
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DOH DCA	Emergency (including justification)  Cancellation	luding	Fra						73 -460-5336				-
			F	ACILITY	INFORMA	ATION	Type of Fa	acility (4)					7
Name of Facility Who Frank Calise Pri Street Address	ere Abatement is Taking P vate Home	riace (3)					Scho	ol (K-12)	Other than K-12) te & commercial t	ouilding	ıs, hoı	nes,	
282 North 5th S	treet						Square F	eet	# of Floors	Bldg 35+	. Age		٦
City (5) Surf City NJ 080	008		T Col	unty Cod	e (7)	1971	1000+ Current U	1	being demolished			-	7
County (6) Ocean	100		(ST	ATE USE	ONLY) _	Nome	Home e of Abatem	ent Contra	ctor (9)				$\dashv$
Name of Monitoring	Firm Hired by Building Ov	wner (8)	F	ASCM No	). 1	Per	naco Inc.		Will the		•		$\dashv$
Street Address							et Address Box 329		Surf.)				
City, State, Zip Coo	de		0010			City, We	State, Zip 0 st Berlin l	Code NJ 08091					
Project Manager fo	or Monitoring Firm		Те	lephone	No.	Total	chane No.	-	License No 00727	•			
Start Date (10)		Scheduled	Compl	letion Da	ite (11)		ne of OSHA me	Monitor					
12/2/13		12/6/13					et Address					90. P.	
Facility Close Abatement P Other – Desc		Period of Ab	ateme	nt		City	, State, Zip	Code					
Scope of Work (C	heck All That Apply)						П	Cantainme	nt with Negative F	ressur	е		
≥3 sf or ≥3 lf ≥160 sf or ≥2			enovati emolitic				Mini-	-Enclosure		ole Proc	cedure	)	
		T 1-1		, T						70	Abate Ty		ě.
Asbestos-Co	Location of Intaining Material (ACM) BE ABATED In Facility (13)	Used Mair	ormally Solely ntenanodial S	y by ice/	Asbesto (i.e. t	hermal sys surfacing	otion of ng Material tems insula VAT, or ellaneous)	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		Extorio	r Siding		1500 SF	x	+		$\vdash$
Ex	terior Sidng			X		Exterio	Joining						
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					Tomo Ti					-		1_	1_
1 50 50 CO	ered Waste Hauler		H	NJDEP V Hauler ID	Vaste No.	Cubic Ya of Waste		G.R.O.	Registered Land W.S.	udl			
United Conta	iners		2	2459	خبيب	3 Disposal		City, Sta	te	,		_	-
City, State Elm NJ	M ·	Title	10.10			12/6/13   Sig	nature?	Morris	ville PA 19067	Date			
Completed by Anthony T P	erna	000000000000000000000000000000000000000	sident	t			1			11/29	/13		

Date of Notification (1) November 29, 2013			Name of E Kristen	Building O		perator (			20	SIOS	CE	12	É	<i>'</i>	
Agencies Notified Type Notific	ation	2		lars Driv					500	Sra	3 4	4 2	) <u>.                                    </u>		
DEP Amend	iment #			e, Zip Cod NJ 0808					Ca. 1	1CEN	CON	-	1	4	
□ DOH     □ DCA     □ Emerg     □ justification     □ Cance		1 1	Name of o							phone M 1-221-55	impan 200		2	7	
Name of Facility Where Abatement is	Taking Place (3)	)	FACIL	ITY INFO	RMATIC	ON	Туре	of Facility (4	)						
Residence Street Address 21 S. Mars Drive					12.		×	school (K-12 Subchapter 8 Other (i.e. pr	(Othe			ding	s, h	omes	۶,
City (5) Sewell								tc.) e Feet )	# of	Floors	1332	Bldg 00		е	
County (6) Gloucester	9		County C	ode (7) SE ONLY)		_		nt Use (Prio dence	r if bei	ng demolis	shed)			- 2	
Name of Monitoring Firm Hired by Bu Management & Enviro. Consu	ilding Owner (8) ulting Service	s	ASCM	No.				ement Con vironment							
Street Address P.O. Box 341							Addres Cutler						*		
City, State, Zip Code Chesterfield, NJ 08515								p Code ide, NJ 0	8052						
Project Manager for Monitoring Firm Bill Weisgarber		104,020	Telephon 609-29	ne No. 8-4070	es e	Teleph	one No			License 00842	No.				
Start Date (10) December 9, 2013	Schedule				- X	Name EMS		A Monitor	÷						
Occupancy Status During Abatement  Facility Closed/Vacated During 8			nent .	r-			Addres Haddo	s on Ave							
Abatement Performed Outside of Other – Describe:	of Normal Facility	Hours	i		_			p Code , New Jer	sey (	8108					
Scope of Work (Check All That Apply						[>	a	10-4-1		Nanativa	Dropp				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Mir	I Containme ni-Enclosure ovebag Prod n-Exempted	e edure				lure		
		Locati	2 11				a NO	II-Exemples	( ) an	d Hom Ti				ment	
Location of Asbestos-Containing Material (AG TO BE ABATED In Facility (13)	CM) Use	Normal ed Sole intenai todial S (12)	ly by nce/		tos Cont thermal surfa		Material s insula NT, or		. (	Amount Specify F or LF)	Removal	100	Renair	Encapsulate	Enclosure
Attic	100	XXX	4 - 2722		Ve	rmicul	ite		2	20 SF	х	t			
					MI.		-	- 0.34		-	+	-	+		
Name of Registered Waste Hauler Freehold		H	J JDEP W lauler ID 2253		Cubic of Wa	Yards ste	D	Name of Grows		ered Land	Ifill				
City, State Mount Holly, New Jersey 080	60				35.0	sal Date		City, Stat		A.				122	
Completed by Christina Lynch	Title	e Ma	nager		5	Signatur	e	20	_		Date 11/29	/20	13		

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Name of Building Owner/Operator (2)

Check#1777 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)

	RECEIVE	cy N	otific	catio	n
2013	DEC -3 AM 2	:D			
15 <sub>86</sub>	ESTOS CONTA LICENSING	il	•		
	FERENSING	UL	L		
	908-587-9476			-	
(i.e., p		al bui	dings	<b>S</b> ,	
eet	# of Floors	Bid	g. Ag	е	$\dashv$
se (Pri	or if being demolishe	ed)			$\dashv$
itor (9)					$\dashv$
		-			
	License No.				
	01127				_
,Inc					
dg .# :	34A			8	
		1993			
	nation with negative pative Pressure	oress	ure	-	
	Tent with Negative F n-Friable Procedure		ure		
		Ab	ateme	ent Ty	уре
M)	Amount (Specify SIF or LF)	Removal	Repair	Encapsulate	Enclosure
	40 LF	X			
	20 SF	X		L. Marin	

11	29 / 1	3	1	Vincen	za Carrie	ro	4613	DEC -3 AM	• 1.5-0.5 (1.5)			
Agencies Notified	Type Notification				Address		Acres	ESTOS CON LICENSINO	2: 11			
☐ EPA	Initial		3	399 Pri	nceton A	venue	7.36	ESTAS	, ,	•		
▼ DOLWD	Amended	u.	ĺ	City, St	ate, Zip Co	ode	é	LICENSIA	TROI			
□ DHSS     □ DSA	Amendment i		I	Hillsid	e, NJ 072	05		- FUSING	3 .07			
☐ DCA (NJAC 5:23-8)	justification)	nordanig			of Contact			Telephone Num	loer			
14 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Cancellation		,	Vincen	za Carrie	ro		908-587-9476				
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Takir	ng Place	(3)	212		*:	Type of Facility	(4)				
Private house							School (K-12		2)			
Street Address								Other than K-1 2 rivate and comme		dinas	3	
399 Princeton Avenue							homes, etc.)			- 3	-1	
City (5)							Square Feet	# of Floors	Bid	g. Ag	е	
Hillside, NJ 07205												
County (6)		1100		Count	y Code (7) (	STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Union												
Name of Monitoring Firm	Hired by Building	Owner (	8) /	ASCM I	No.	Name of Abateme	ent Contractor (9)					
						Gr Tech LLC						
Street Address						Street Address						
						576 Valley Rd #	283					
City, State, Zip Code						City, State, Zip Co	ode					
50 P T						Wayne, NJ 0747	70					
Project Manager for Mon	itoring Firm		Tele	phone I	Vo.	Telephone No.		License No.				
					· · · · · · · · · · · · · · · · · · ·			01127				
Start Date (10)		eduled Co	omple	tion Dat	e (11)	Name or OSHA N	ionitor					
11 /30 /		12 /	01	/ _	13	Envirovision Co	nsultants,Inc					
Occupancy Status Durin	g Abatement (Che	ck only o	ne)			Street Address						
						20-21 Wagaraw	Road, Bldg .#	34A				
Abatement Performe	d Outside of Norm	al Facility	Hour	s - Des		City, State, Zip C			1160			
Time of Abatement:	Aivi-	PM/	P (VI_	-	AM	Fair Lawn, NJ 0	7410					
Scope of Work (Check a	I that apply)							nation with negative	ve press	ure		-
		<b>⊠</b> Re	noveti	nn.		Mini-Fno	tainment with Ne	T				
> 160 sf or >260 lf			molitic			Gloveba	a Procedure	Tent with Negativ	ve Press	ure		
						☐ Non-Exe	empted (*) and N	n-Friable Proced		1_		
			Locat Norma				4		Aba	ateme	ent T	ype
Location Asbestos-Containing		1000000	ed Sole		Asha	Description o stos Containing Ma		Amount	교	Re	En	Ē
TO BE AB		Ma	intena	ince/		., thermal systems		(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facil	ity	Cus	todial (12)	Staff?		surfacing, VAT		SIF or LF)	Va.	7	sula	ure
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1.1/6	1	other miscellane	ous)				te	
		Yes	No	N/A					X			F
Basement-utility room				X	Pipe inst	ulation		40 LF		Ш	Ш	Ш
Basement-utility room				$ \mathbf{X} $	Boiler in	sulation		20 SF	X			
		1		$\frac{1}{\Box}$					一一	П		
Name of Registered Wa	sto Hauler		N.		Hauler ID No.	Cubic Yards of Was	te Name of Peg	stered Landfill			Ш	닉
	sio Haulei					10/10/10/10/10		otered Landini				
Gr Tech LLC				003378	35	TBD	T.R.R.F. Inc					
City, State						Disposal Date	City, State					
Wayne, NJ 07470						TBD	Tullytown, F		- 3			
Completed By (Print or 1	Type) T	itle			-	Signature	11 1	1	Date			
N.Jevtic	О	wner				774	ende Ner	100 1	1/29/20	13	111-	54-500
ASB-41		* 00	it near	his far	u for ashes	tos licensure exem	nted activities					
MAY 11		20 110	1 1100 1	juri	. Jui moves	meenbuie exemp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

	(1)		Mamo o	f Duild	ing O	wner/Operator	(2)		300	27/3			
Date of Notification 11-27-13	(1)		The state of the s	nk Mu		wher/operacor	(2)	2013 DE 45 25 7 8 L/0	SC.	EI	V	<u> </u>	
Agencies Notified	Type Noti:	fication	Street	Addres	s			TO CITY	'n		- 4	U	
[ ]EPA	[X]Initi	al.				Street		ASAC.	.3	AA	12		
[ ]DEP	Noti	fication		State,				00/	000		٥.	15	
[X]DOL	[]Amend	led fication	Lit	tle F	all	s,NJ,0742	4	- 1/1	15,00	PA	TA		
[X] DOH	NOLL	TICACION	Name o	f Conta	ct		Pelephone	Number	- 01	Vr.	16	7	
[ ]DCA	[ ]EMERG	ENCY	Fra	nk Mu	oio		(973)	652-0	523	1		20201	
	Licance	HIACION		FACTLI	אד איזי	FORMATION							
Name of Facility Who	ere Abatem	ent is Tak	ing Pla				Type of Facili	ty (4)					
Same as above			_				[ ]School (		er than	n K	-12)		
Street Addres							[X]Other (i	.e., priva ildings, h	ate &	com	mer-		
							Square Feet	# of Flo	ors E	31dq	g. A	ge	
City (5		County	(6) Ess	ex		ty Code (7)	2400	2		8	5		
					(STA	TE USE ONLY)	Current Use (F	rior if be	eing d	emo	lis	ned)	W.
Name of Monitoring	Firm hired	by Buildi	ng ASC	M No.	1		ment Contractor						
Owner (8) N/A						AZTECH M	IANAGEMENT,	, Inc.					
Street Address						Street Addres 86 Chris	stopher St	6					
City, State, Zip Co	de					City, State,	Zip Code		-				
city, state, zip co	ue						r, NJ 0704						
Project Manager for	Monitorin	g Firm I	524 775	e Numbe	r	Telephone Num	ber		Licens			er	
		1	I/A			10.01		e Pergernakoen esseku <u>a</u>	003	/ 1	•		
Scheduled Start Dat	e (10)	Sched. Com	7	Date (		Name of OSHA	Monitor						
12-7-13	3	12-9-	-13			N/A							
	Tear	Month	Day	Year		Street Addres						- 44	
Occupancy Status Du [X]Facility Clo of Abatemer	osed/Vacate	ed During	Entire :	Period		Street Addres	5						
[ ]Abatement Pe	erformed O	utside of	Normal :	Facility	Y	City, State,	Zip Code						
Hours - Desc [ ]other - Desc	cribe: «Offi	er Occupan	cy Desc	ript»									
Scope of Work (Chec												7	
[X]>3 sf or []>160 sf	: ≥3 lf		270.00	ovation olition		[ ]Mini- [X]Glove	Containment wi Enclosure abag Procedure	e-Anthritis e-Books (Feb. 1991) (1991)	e Pres	sw	re		
F			Is			[ ]Non-E	Friable Procedu	re	P	bat	ene	nt I	ype
Locatio	n of		Locati			Description	on of			T		E	E
Asbestos-Co			Used			Asbestos-Con Material		Amount (Specif		R E	R	C	C
Material TO BE A			Solel By Mai	n-		(i.e., therma		SF or		M	PA	A P	O
In Faci		1	Custod			sulation, surf		LF)		VA	I	S	S
(13)	)	Ye	Staff (	12) N/A	c	or other misce	ellaneous)			L	R	L	R
Basement	Basement					e Insulat	ion	190 1:	E X			•	
			4										
						1							
Name of Registered AZTECH MANAGE			NJDEP W	ID No.		oic Yards Waste 1.5	Name of Regi G.R.O.W.		dfill				
			1704		Dis	sposal Date	City, State			5.10	-		
Montclair, No	07042				100000	2-10-13	Morrisvi	lle, P	A 19	06	7		
Completed By (Print	Title				Signature	1 / 1/	/	Dat	:e	<u> </u>		-	
Constantine \	27.77	Presid	dent			1 th	itelus les				-13		
						100	1		rus Till La				



Date of Notification (1) 11/29/13			N	Name of B Richard	Building Own Deloughy dress Ill Creek a, Zip Code wkin NJ (Contact	ner/Oper Priva	ator (2)	me	CE	,					
Agencies Notified	Type Notification	)	5	Street Add 1571 Mi	iress II Creek		2813	DEC	~~/	E	D				
EPA DEP DOL	Amended Amendment #		_	City, State Manaha	, Zip Code wkin NJ (	08050	15 de 1	STO	AM	2:					
DOH DCA	Emergency (ir justification)  Cancellation	icluding		Rich	Johnada			16	CONT	i.	Shone Numb WZ 1-044	er Signatur	1		
Name of Facility Where	Abatement is Taking	Place (3)		FACILI	ITY INFORM	MATION			Facility (4)	-7				_	
Richard Deloughy Street Address	Private Home						_  -	7 Su	hool (K-12)	(Othe	er than K-12)			50	
1571 Mill Creek	98					×		Ott etc	ner (i.e. pri )	vate 8	commercial	buildi			š,
City (5) Manahawkin NJ 08	8050							Square 000+		# of	Floors	35	ig. Ag	е	
County (6) Ocean	ž.			County C	ode (7) SE ONLY) _			Current Home	Use (Prior	if bei	ng demolishe	ed)			
Name of Monitoring Fire	m Hired by Building C	wner (8)		ASCM	No.	0.50	ame of		ment Cont	ractor	(9)				
Street Address				1		100	treet A		)						
City, State, Zip Code							ity, Sta		Code NJ 0809	91					
Project Manager for Mo	onitoring Firm			Telephon	e No.		elepho		44349		License No	).			
Start Date (10)		Schedule		mpletion [	Date (11)	1 3	lame of		Monitor		00727				
12/2/13 Occupancy Status Dur	ing Abatement (Chec	12/6/13			19:		Street A						-		
Facility Closed/Va	acated During Entire F rrned Outside of Norm	Period of A	bater	ment		- 0	City, Sta	ate, Zip	Code	*					
Scope of Work (Check	All That Apply)						- proof								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	f		enova emoli		60 V		×	Mini	Enclosure ebag Prod	edure	n Negative P			e	
			Loca									_	Abate		
Asbestos-Containi TO BE A In Fa	ion of ng Material (ACM) A <u>BATED</u> cility 3)	Use Ma Cusi	intena todial (12)	ely by ance/ Staff?			ystems ng, VA1	aterial insulat r, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterio	r Sidng	Yes	No	N/A X		Exteri	or Sid	lina	٧	1	200 SF	×	-		
Exterio	i Siuriy	+		<u> </u>		LAIOII	01 010	9				Ť		$\vdash$	
				1											
Name of Registered V United Containers				NJDEP V Hauler ID 22459	No.	Cubic Y of Wast 3		12	Name of G.R.O.		tered Landfil				
City, State Elm NJ					Disposa 12/6/1			City, Stat Morrisv		PA 19067					
Completed by		Title	iden	ıt		Sig	gnature	0	1			ate 1/29/	13		